

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 5
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Our Principles PAC		FEC IDENTIFICATION NUMBER ▼ C C00603621	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee GCW Media Services		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 11 / 2016	
Mailing Address 1215 K Street Suite 2260		Amount 300000.00	
City Sacramento	State CA	Zip Code 95814	Transaction ID : SE.5084
Purpose of Expenditure Media placement	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee GCW Media Services		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 11 / 2016	
Mailing Address 1215 K Street Suite 2260		Amount 600000.00	
City Sacramento	State CA	Zip Code 95814	Transaction ID : SE.5086
Purpose of Expenditure Media placement	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	900000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jamie Jodoin
[Electronically Filed]

Date

 MM / DD / YYYY
03 / 12 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Our Principles PAC	FEC IDENTIFICATION NUMBER ▼ C C00603621
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee GCW Media Services			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 11 / 2016		
Mailing Address 1215 K Street Suite 2260			Amount 45000.00		
City Sacramento	State CA	Zip Code 95814	Transaction ID : SE.5093		
Purpose of Expenditure Media placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee McCarthy Hennings Whalen, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 11 / 2016		
Mailing Address 1850 M Street, N.W., #235			Amount 634.64		
City Washington	State DC	Zip Code 20036	Transaction ID : SE.5070		
Purpose of Expenditure Media production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	450634.64
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jamie Jodoin

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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Full Name of Payee McCarthy Hennings Whalen, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 11 / 2016	
Mailing Address 1850 M Street, N.W., #235		Amount 951.97	
City Washington	State DC	Zip Code 20036	Transaction ID : SE.5071
Purpose of Expenditure Media production	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee McCarthy Hennings Whalen, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 11 / 2016	
Mailing Address 1850 M Street, N.W., #235		Amount 5036.87	
City Washington	State DC	Zip Code 20036	Transaction ID : SE.5073
Purpose of Expenditure Media production	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5988.84
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee McCarthy Hennings Whalen, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 11 / 2016	
Mailing Address 1850 M Street, N.W., #235		Amount 4731.60	
City Washington	State DC	Zip Code 20036	Transaction ID : SE.5075
Purpose of Expenditure Media production	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee McCarthy Hennings Whalen, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 11 / 2016	
Mailing Address 1850 M Street, N.W., #235		Amount 5494.76	
City Washington	State DC	Zip Code 20036	Transaction ID : SE.5077
Purpose of Expenditure Media production	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10226.36
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Medium Buying, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 11 / 2016	
Mailing Address 3380 Tremont Road		Amount 375000.00	
City Columbus	State OH	Zip Code 43221	Transaction ID : SE.5079
Purpose of Expenditure Media placement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Medium Buying, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 11 / 2016	
Mailing Address 3380 Tremont Road		Amount 450000.00	
City Columbus	State OH	Zip Code 43221	Transaction ID : SE.5081
Purpose of Expenditure Media placement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	825000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	2191849.84

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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